


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A02000000035		
1. Entity Name ELLERIN PARTNERSHIP, LTD.		

Principal Place of Business 3075 HAMPTON PLACE BOCA RATON, FL 33434	Mailing Address 3075 HAMPTON PLACE BOCA RATON, FL 33434
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



02282004 Chg-LP CR2E003 (10/03)

4. FEI Number 01-0570688	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

BRADEN, LISA  
 4623 FOREST HILL BLVD  
 STE 111  
 WEST PALM BEACH, FL 33415

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

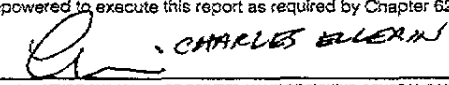
9. Capital Contributions as Shown on record, \$10,510,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ELLERIN, CHARLES TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	3075 HAMPTON PLACE		
CITY-ST-ZIP	BOCA RATON, FL 33434		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SIEBERT, JOHN TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	3075 HAMPTON PLACE		
CITY-ST-ZIP	BOCA RATON, FL 33434		
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 04/27/04-80078-015 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  CHARLES ELLERIN  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date 4/10/04 Daytime Phone #

STAPLE CHECK HERE